FAUQUIER COUNTY GOVERNMENT

CITIZEN COMPLAINT FORM

Charge of Discrimination, County Programs/Services

COMPLAINANT:

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: (Home) _____ (Work) _____

PERSON & AGENCY ALLEGED TO HAVE DISCRIMINATED:

Name: _____

Agency: _____

Agency Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Basis of Discrimination:

( )	Age	( )	Disability
( )	Sex/Sexual Harassment	( )	Marital Status
( )	Race	( )	Color
( )	Religion	( )	Political Affiliation
( )	National Origin	( )	Others (explain) _____

Date Discrimination Occurred: _____/_____/_____

Please State Your Complaint (Attach additional sheets, if necessary):

_____
_____
_____
_____
_____
_____
_____
_____
_____

Corrective Measure Requested (Attach additional sheets, if necessary):

_____
_____
_____
_____
_____
_____
_____
_____
_____

I affirm that I have read the above charge and that it is true to the best of my knowledge, information or belief.

_____ _____/_____/_____
Signature of Complainant Date